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HAWAII STATE HEALTH PLANNING AND DEVELOPMENT AGENCY

22 JUN 28 P1 57

STATE HEALTH
& DEV. AGENCY

STANDARD APPLICATION - CERTIFICATE OF NEED PROGRAM

Application Number: # 21-29 Date of Receipt:
To be assigned by Agency

APPLICANT PROFILE

Project Title: **Establishment of Medicare Certified Home Health Agency services**

Project Address: **4-831 Kuhio Hwy Unit 372-A , Kapaa, Hawaii 96756**

Applicant Facility/Organization: **Kauai Home Care, LLC**

Name of CEO or equivalent: **Judiah McRoberts** Title: **President**

Address: **PO Box 1142, Kilauea, Hawaii 96754**

Phone Number: **(808) 651-1899** Fax Number: **(808) 378-4828**

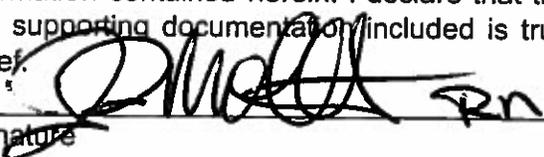
Contact Person for this Application: **Judiah McRoberts** Title: **President**

Address: **PO Box 1142, Kilauea, Hawaii 96754**

Phone Number: **(808) 651-1899** Fax Number: **(808) 378-4828**

CERTIFICATION BY APPLICANT

I hereby attest that I reviewed the application and have knowledge of the content and the information contained herein. I declare that the project described and each statement amount and supporting documentation included is true and correct to the best of my knowledge and belief.


Signature

6/20/22
Date

Judiah McRoberts
Name (please type or print)

President
Title (please type or print)

1. TYPE OR ORGANIZATION: (Please check all applicable)

Public	_____
Private	__X__
Non-profit	_____
For-profit	__X__
Individual	_____
Corporation	_____
Partnership	_____
Limited Liability Corporation (LLC)	__X__
Limited Liability Partnership (LLP)	_____
Other: _____	_____

2. PROJECT LOCATION INFORMATION:

A. Primary Service Area(s) of Project: (Please check all applicable)

Statewide:	_____
O`ahu-wide:	_____
Honolulu:	_____
Windward O`ahu:	_____
West O`ahu:	_____
Maui County:	_____
Kaua`i County:	__X__
Hawai`i County:	_____

3. DOCUMENTATION (Please attach the following to your application form):

- A. Site Control documentation (e.g. lease/purchase agreement, DROA agreement, letter of intent) **Please see Attachment 1: Lease Agreement for Kauai Location.**
- B. A listing of all other permits or approvals from other government bodies (federal, state, county) that will be required before this proposal can be implemented (such as building permit, land use permit, etc.) **Medicare certification.**
- C. Your governing body: list by names, titles and address/phone numbers

**Judiah McRoberts, President, Member
PO Box 1142**

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Kilauea, HI 96754
(808) 651-1899

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Shana Metsch, Member
3647 Kaweonui Road
Princeville, HI 96722
(808) 652-9206

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D. If you have filed a Certification of Need Application this current calendar year, you may skip the four items listed below. All others, please provide the following:

- Articles of Incorporation: Please see Attachment 2. Since Kauai Home Care is an LLC, we have attached Articles of Organization.
- By-Laws: Please see Attachment 3. Since Kauai Home Care is an LLC, we have attached an Operating Agreement.
- Tax Key Number (project's location): TMK#: 4-3-008-13

4. **TYPE OF PROJECT.** This section helps our reviewers understand what type of project you are proposing. Please place an "x" in the appropriate box.

	Used Medical Equipment (over \$400,000)	New/Upgraded Medical Equip. (over \$1 million)	Other Capital Project (over \$4 million)	Change in ownership	Change in service/establish new service/facility	Change in Beds
Inpatient Facility						
Outpatient Facility					X	
Private Practice						

5. **TOTAL CAPITAL COST: \$66,000.00**

6. **BED CHANGES.** Please complete this chart only if your project deals with a change in your bed count and/or licensed types. Again, this chart is intended to help our reviewers understand at a glance what your project would like to accomplish. Under the heading "Type of Bed," please use only the categories

listed in the certificate of need rules.

Type of Bed	Current Bed Total	Proposed Beds for your Project	Total Combined Beds if your Project is Approved
N/A	N/A	N/A	N/A
TOTAL			

7. CHANGE IN SERVICE. If you are proposing a change in service, then please briefly list what services will be added/modified. Be sure to include the establishment of a new service or the addition of a new location of an existing service. Please consult Certificate of Need Rules Section 11-186-5 for the categories of services. If you are unable to determine which category best describes your project, please consult with agency staff.

We are proposing the establishment of Medicare certified Home Health Agency services.

8. . PROJECT COSTS AND SOURCES OF FUNDS (For Capital Items Only)

A. List All Project Costs:	AMOUNT:
1. Land Acquisition	N/A
2. Construction Contract	\$6,000.00
3. Fixed Equipment	N/A
4. Movable Equipment	\$3,000.00
5. Financing Costs	N/A
6. Fair Market Value of assets acquired by lease, rent, donation, etc.	\$57,000.00
7. Other: _____	N/A

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TOTAL PROJECT COST: 22 AUG 11 A9 :08 \$66,000.00

B. Source and Method of Estimation

Describe how the cost estimates in Item "A" were made, including information and methods used:

Construction cost including upgrade to existing unit (new floor, paint, door and sign). Movable equipment includes computers, printers, and furniture. Fair market value of lease for 3 years totals \$57,000.

C. Source of Funds AMOUNT:

1. Cash	\$9,000.00
2. State Appropriations	_\$0_
3. Other Grants	_\$0_
4. Fund Drive	_\$0_
5. Debt	_\$0_
6. Other:	\$57,000.00

TOTAL SOURCE OF FUNDS: \$66,000.00

9. IMPLEMENTATION SCHEDULE: Please present a projected time schedule for the completion of this project from start to finish. Include all of the following items that are applicable to your project:

- a) Date of site control for the proposed project, 7/01/2021
- b) Dates by which other government approvals/permits will be applied for and received, Kauai Home Care LLC is presently pursuing an establishment of Medicare certified Home Health Agency services
- c) Dates by which financing is assured for the project, No financing needed, cash on hand
- d) Date construction will commence, Construction completed
- e) Length of construction period, N/A

f) Date of completion of the project, and

N/A

g) Date of commencement of operation.

When the Medicare Home Health Agency services application is approved, we are projecting to commence operation by June 2022.

The date of commencement will follow the State licensing:

Please remember that the Agency does monitor the implementation of Certificates approved. Non-implementation of a project as described in your application may result in a fine and/or withdrawal of the Certificate of Need.

10. EXECUTIVE SUMMARY: Please present a brief summary of your project. In addition, provide a description of how your project meets each of the Certificate of Need criteria listed below. If a new location is proposed, please attach an easy to read map that shows your project site.

a) Relationship to the State of Hawai'i Health Services and Facilities Plan

Kauai Home Care is committed to delivering Medicare certified home health care within the context of the priorities laid out in the Hawaii Health Services and Facilities Plan (State Health Planning and Development Agency 2009). Our short and long term goals, values, and mission statement along with our team's combined 25 years of experience in health care, and deep island roots, and commitment to our community make us the ideal agency to address some of the Kauai Subarea Planning Council's priorities. Further details regarding the relationship to the State of Hawai'i Health and Services and Facilities Plan can be referenced below in "Section A."

b) Need and Accessibility

Kauai Home Care seeks to become a Medicare certified Home Health Agency providing home health services to Medicare recipients in Kauai County. The geographic coverage will be the Island of Kauai, focusing on the North Shore, where services are severely limited. The home office of Kauai Home Care will be in Kapaa, the highest density population on Kauai, making it a central location for our clients. Currently, there is high demand for Medicare providers on Kauai. The recent withdrawal of a Medicare Agency on Kauai leaves only one licensed Medicare provider on Kauai that is challenged to provide staffing to Kauai County Medicare participants. Kauai Home Care strives to provide exemplary, caring service with integrity and compassion at all times. Our services will be provided

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regardless of income, gender, ethnicity, age, or disabilities. We will strive to meet the needs of our diverse and inclusive community. Further details regarding need and accessibility can be referenced below in "Section B." 22 AUG 11 A9:08

c) Quality of Service/Care

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Kauai Home Care seeks to become the premier provider for Medicare certified Home Health Care services on the Island of Kauai. We have a number of policies and protocols in place to ensure the highest level of care is consistently being performed through our staff. Supervision of direct care staff will be conducted by Judiah McRoberts, RN. Judiah McRoberts is the primary member for Kauai Home Care and has over a decade working with one of the nation's largest providers of comprehensive healthcare staffing. Judiah has spent years working in clinical settings. Over the past decade, he has been in nursing case management; managing staff and working on patient relations and care was an essential part of his responsibilities including working closely with Medicare, Medicaid and MedQUEST participants ensuring services were in line with Individual Service Plans. Judiah has an adept understanding of regulatory and compliance standards associated with providing Medicare and Medicaid home health services, working closely with the elderly, low-income, and disabled on Kauai. Further details regarding quality of service and care can be referenced below in "Section C."

d) Cost and Finances (include revenue/cost projections for the first and third year of operation)

Year one startup cost forecasts for Kauai Home Care are estimated at \$66,000. Year three expense projections are forecast to be \$502,227 with revenue exceeding \$1,745,300. The principles at the company are well financed with startup capital exceeding \$100,000. Further financial breakdowns can be referenced below in "Section D."

e) Relationship to the Existing Health Care System

The Medicare certification of Kauai Home Care, LLC will positively impact meeting the health care needs of Kauai County through the provision of quality home health services in alignment with the values and information in the Hawaii Health Services and Facilities Plan (HSFP). The principles at Kauai Home Care are well connected and involved in sectors of Kauai's current health care system and we look to further strengthen the industry through our collaborative services. Further details regarding the relationship to the existing health care system can be referenced below in "Section E."

f) Availability of Resources

Medicare certified home health agencies are low capital cost entities. These agencies do not require large expenditures for constructions or equipment. The Principle Agents of Kauai Home Care are ready and willing to provide the management, training and operational support for the business. Their experience and network will allow for recruiting, training and staff oversight. Our plan includes utilizing our current staff and having additional recruited staff transitioning at the time of Medicare certified Home Health Agency approval. Further details regarding availability of resources can be referenced below in "Section F".